

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

**Payroll Certification Form**

DEPT ID(s)	PAYROLL DEPARTMENT	CHECK DATE

Agency Payroll Certification

This is to certify that the persons named in the previous payroll as adjusted by the current payroll and personnel data entered into PAYSERV are employed solely in and have performed the proper duties of the position and employments indicated, and this payroll for the above check date is approved and certified for payment.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit scanned form to:

[Doccs.sm.BF.Financeunit](mailto:Doccs.sm.BF.Financeunit)